**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE									345.00	OR	HAIE	690.00	
TOTAL CLAIMS			Ù	o minus	20=	• 30			<b>(\$</b> 9=		OR	X\$18=	540
	EPENDENT CL		/ minus 3 =			- *			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									OTAL		OR	TOTAL	1230
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT A		REM A	AIMS IAINING FTER NDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	)	<b>(\$</b> 9= -		OR	X\$18=	10
	Independent	*	ON OF M	Minus	**		=	,	(39=		OR	X78=	
	FIRST PRESE	NIAII	JN OF MI	JETIPLE DE	PEN	DENT CLAIM		T+	130=		OR	+260=	
•		-	•					ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	-
		(Col	umn 1)		(0	Column 2)	(Column 3)	ADC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ADDIT: 1 EE	
AMENDMENT B		REM A	AIMS IAINING FTER NDMENT		e.	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=	<b> </b>   >	(\$ 9=	V	OR	X\$18=	
	Independent	•		Minus	**		=	$\rightarrow$	(39=		OR	X78=	7
	FIRST PRESE	NTATIO	ON OF MU	JETIPLE DE	PEN	DENT CLAIM		+	130=		OR	+260=	
								ADE	TOTAL IT. FEE	•	OR	TOTAL ADDIT. FEE	
	-		umn 1)		((	Column 2)	(Column 3)			-			*
AMENDMENT C		REM A	AIMS IAINING FTER NDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	×	\$ 9=		OR	X\$18=	
	Independent	<u> </u>		Minus	**		<u> </u>	\ \ \	(39=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DE	PEN	DENT CLAIM			120			.260	
٠,	f the entry in colu	mn 1 is	ess than th	ne entry in colu	umn 2	2, write "0" in co	lumn 3.		130= TOTAL		OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	A VICHOLES:					
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Carlo Filing For	201 (4)	,		* * ***********************************	690	
Tacal Claim: ≯10	2017(0)	50	. 30		540	
Independent Claim; > ]	<u>24 7/10 1</u>		` .		<u> </u>	
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English Texastation	119					
TOTAL FEE CALCULA	<u> 7103.4</u>					
Fees due upon filing th	e aggleimern	1. 2	2 / )		·	
Total Filing Fees One =	s <u> </u>	/ 5	360			
Less Filing Fees Submit	ted · S					
BALANCE DUE	= \$		360			
Office of Initial Patent E.	May (arination)	_				
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